

Surrender License	
	Agent
	Adjuster
	Consultant
	MGA
	Surplus Lines
	TPA
	Life Settlement
	Other _____
	ALL Licenses

**COMMONWEALTH OF KENTUCKY**  
**DEPARTMENT OF INSURANCE**  
**P. O. Box 517**  
**Frankfort, KY 40602-0517**  
<http://insurance.ky.gov>  
502-564-6004  
**APPLICATION FOR**  
**VOLUNTARY SURRENDER OF LICENSE**

*For Office Use Only*

Amt. Rec'd \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Tracking No. \_\_\_\_\_

Cashier: \_\_\_\_\_

**NOTE: MUST BE ACCOMPANIED BY ORIGINAL LICENSE CERTIFICATE**

**INSTRUCTIONS:** Any licensee wishing to voluntarily surrender his/her Kentucky resident or non-resident license **must return the original license certificate and complete the following form in its entirety**, answering completely and correctly, to avoid delays in processing. If a clearance letter is requested, a fee of \$5.00 per letter, payable to the Kentucky State Treasurer, must be provided. All fees are deemed earned when paid and are non-refundable (KRS 304.9-200(4)).

**IF YOU CURRENTLY HOLD A KENTUCKY LICENSE, and wish to change status to Resident or Non-Resident, please use Form 8303 – Record Correction Form / Change of Resident or Non-Resident License Status.**

Print FULL NAME: _____ KY DOI# or NPN: _____	
E-mail address: _____ Phone #: _____	
<b>Your Kentucky license, all appointments, and all designations will be surrendered (terminated), effective the date the Department of Insurance receives this form.</b>	
<b>Reason for Voluntary Surrender</b> <input type="checkbox"/> No longer doing insurance business in Kentucky, under the license indicated above	
<b>Clearance Letter Requested?</b> <input type="checkbox"/> Yes _____ How Many _____ (Clearance Letters are \$5.00 each) <input type="checkbox"/> No	If requesting a clearance letter, please provide mailing address below: (You have 90 days, from the surrender date, to apply for licensure in another state)
	Name: _____
	Address line 1: _____
	Address line 2: _____
	City, State, ZIP _____
I hereby certify that, under penalty of perjury, all of the information submitted is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me to civil or criminal penalties.	
1. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurer.	
2. I acknowledge that I am familiar with and understand the insurance laws and regulations of this state. Further, I agree to comply with the insurance laws and regulations of this state.	
<b>Individual Licensee Signature:</b> I, _____, wish to voluntarily surrender my license in Kentucky. _____ Signature of Licensee Date	
<b>Business Entity Officer's Signature (If Surrendering a Business Entity License):</b> I, _____, wish to voluntarily surrender my business entity license in Kentucky. _____ Signature and Title of Officer Date	